

02-06-08

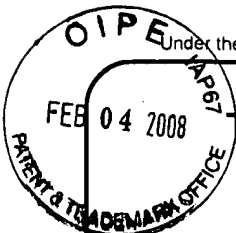
1FN 3628

PTO/SB/21 (01-08)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

32

Application Number

09/516,428 (Conf. No. 3649)

Filing Date

March 1, 2000

First Named Inventor

Kevin D. Satterfield

Art Unit

3628

Examiner Name

John W. Hayes

Attorney Docket Number

ODS-10

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> 3 Month Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Amendment Transmittal Form (1 pg. - in duplicate); and Return Postcard
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Ropes & Gray LLP

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Brian E. Mack

Date

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February 4, 2008

AMENDMENT TRANSMITTAL LETTERDocket No.
ODS-10Application No.
09/516,428Filing Date
March 1, 2000Examiner
John W. HayesArt Unit
3628

Applicant(s): Kevin D. Satterfield et al.

Invention: INTERACTIVE WAGERING SYSTEM WITH CRITERIA WAGERING

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	65	- 61 =	4	x 50.00	200.00
Independent Claims	4	- 4 =	1	x 0.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					200.00

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Dated: February 4, 2008

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Dated: 2/4/08Signature: Sarah Schlie Sarah Schlie